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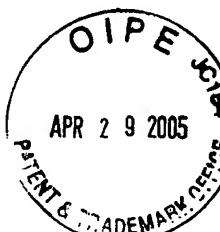
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7590 01/28/2005

KLARQUIST SPARKMAN, LLP
Suite 1600
One World Trade Center
121 S.W. Salmon Street
Portland, OR 97204

05/02/2005 EMAILED 00000029 10053243
700.00 OP
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| | |
|------------------------------------------------------------------------------------|--------------------|
| Marla Beier | (Depositor's name) |
|  | |
| (Signature) | |
| April 27, 2005 | |
| (Date) | |

| | | | | | |
|------------|-----------------|-------------|----------------------|---------------------|------------------|
| 03 FC:6001 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| | 10/053,243 | 01/16/2002 | Stephen Giovannoni | 245-62107 | 6181 |

TITLE OF INVENTION: HIGH-THROUGHPUT MICROBIAL CULTURING

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 04/28/2005 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| STRZELECKA, TERESA E | | 1637 | 435-004000 | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Klarquist Sparkman, LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

State of Oregon acting by and through
the State Board of Higher Education on
behalf of Oregon State University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corvallis, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

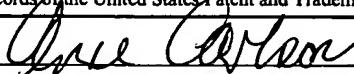
A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form). *additional*

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date April 27, 2005

Typed or printed name

Anne Carlson

Registration No. 47,472

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